Non-inclusion of drugs tor Diabetes and Malnutrition under the Price Control Order

1078 SHRI RAM CHANDRA VIKAL: - SHRI V. NARAYANASAMY:

Will the Minister of HEALTH AND FAMILY WELFARE-be pleased to. state;

(a) whether it is a. fact that control _ of blindness is a part of the National Health Programme-,

(b) whether it is a fact that as per the Drug Policy decision all National Health Programmes and drugs reqittr-ed for control of diseases under these programmes would be covered under price control to make them available at reasonable prices;

(c) what are the reasons for which drugs required for control of diabetes and drugs for malnutrition were not recommended for inclusion under this programme;

(d) what is the policy and criteria were adopted for inclusion of drugs under each programme;

(e) Whether Government have appointed any expert Committee to identify the drugs for these programmes;

(I) if so, what were the details of guidelines: and

(g) if not, the. reasons therefor and on what basis the drugs were identified?

. THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHApARDE). (a) Yes, Sir.

(b), (d), (e), (f) and (g) Although recommendations were sought from Mi-nistry of Health for drugs required under various National .Health Programmes, drugs for 6 National Health Programmes have been enlisted under Category-I by the Department of Chemicals as per criteria evolved"bylhem.

(c) Diabetes and malnutrition do not figure in the 11 identified National Health Programmes

Exclusion of Drugs required for Diabetes and Mentral Health Diseases from Price Control

1079 SHRI V. NARAYANASAMY. Will the Minister of HEALTH AND FAMILY WELFARE be' pleased to state:

(a) the date when Diabetes an mental, health were exclude
fro. Programin

(b) whether it is a lact that Diabete is one'of›the main causes for blind ness;

(c) whether it is also a fact that if order. to control blindness diabete? if t_0 be controlled; and'

(d) if so, on what basis drugs . quired for these diseases were recommended for price control?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE. (KUMARI SAROJ KP.APARDE): (a) Diabetes and mental health diseases have not been part of National Health Programmes.' However, they were started as separate programmes from the year 1086-87.

(b) and (C) Yes, Sir.

(d) Drugs required for 8 out of 11 identified National Health Program mes were recommended to the De partment of Chemicals for price control under the Drug Price Control Cider 1.987. Diabetes and mental health did not form a part of these eleven identified National Health Pro grammes.

Therapeutic Indication of Folio Acid Vitamin A and Ferrous Sulphate

1080. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to
state:

(a) what are the names of the principal drugs used for the control of STD and for National Family Welfare

Programme, including mother an Child Hea1th

(b) what is the therapeutic indica-tion of Folio Acid Vitamin A and Ferrous sulphate for which these have been allowed for marketing by Drugs controll Department;

(C) what are the forms under which se drugs are marketed; and

(d)whatJate. the names of .National prorammes for- which Fotyc Acid, amin A- and, Ferrous sulphate are

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): .

(a) The principal drugs used for the control S.T.D, are antibiotics and ehemo-erapeutic drugs.Under the National Family Welfare Programme, Iron and Felic acid tablets and liquid; and under Mother and Child Health scheme Vitamin 'A" to'prevent nutritional anaemia among mother and children and blindness amons children ' are the Principal drugs.

.*(b)* to (d) While - folic acid and ferrous sulphate are indicated for treatment of certain types of anaemia, Vitamin 'A' is indicated for various skin disorders, xeropthalmia and other eye disorders.

The drugs are marketed in different dosage forms such as tablets|drops] syrupl-injection.

Folic Acid and Ferrous sulphate could be used in Mother-and Child (Health Care Programme and Vitamin-'A' in trachoma and prevention of blindness programme.

Marketing of Drugs for Eye Infection

1081 SHRI V. NARAYANASAMY: Will the Minister of. HEALTH AND FAMILY WELFARE be pleased to state;

(a) what are the names of drugs ing by Drugs Control Department for eye infections in the country;

(b) what are the forms under which each drug was allowed for marketing;

(c) what are the details of composition of combination of one or more drugs.being marketed for eye infections;

'd). whether it is a fact that eye in factions is one of the causes of blind-ness;

(e) what are the principal drugs classified for control of blindness and what are the basis on which each drug has been classified as principal drug;

(f) whether' Chloramphenicol, Genltamyciri, Neomycin, Polymixin, Prednisolone, Betamethasone, Vitamin A, Tetracycline' are used in different forms for the control of blindness; and

(g) if so, which of them is the principal drug and what is the basis for arriving to this conclusion?

THE MINISTER " OF, STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE(KUMARI SAROJ KHAPARDE).

(a) to (c) The names of drugs approved for marketing for ophthalmic use since 1985 in topical forms suitable for eye use is annexed as statement *(see* below).

(d) Most of the eye infections if ignored and untreated may lead; to blindness.

(e) Trachoma could commonly cause blindness. Accordingly, tetracycline which is reported to have specific action against Trachoma and hydrocortisone which is a very common drug for relief of inflammation are the preferred drugs used under Trachoma control programme.

(f) and (g) While various antibio tics such as Chloramphenical, *Genta-*mycin. Neomycin. Polymixin and Tetracycline in topical form could be used to combat eye infection, tetra-